76

2411 N. Charles St., Baltimore Bill

00443

CERTIFICATE OF DEATH  Reg. Diat. No. 95				
1. PLACE OF DEATH?  County  City or town  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Respilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newbosn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)			
Now long in hospital or institution?	2.(a) It veleran, name war			
	Candler 3. (b) Social Security Number			
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 19.46, ot 7.45 Pm			
6.(6) Name of husband or Mcalliam alexander	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from			
7. Birth date of	and that t last saw hall ve on			
deceased (mo., day, yr.) 2001 3 - 1814	Immediate cause of death			
8. AGE: Years   Months   Days   It less than one day   hrs.   min.   9. Birthplace   Clown, county, and state),	Due to Defilled			
10. Usoai occupation Avalenting	Doe to			
11. findostry or business 12. Rame 12. Rame 13. Birthplace 12. Rame 13. Birthplace 14. Constant 14. Constant 15. Constant 16. Constant	Other conditions			
14. Maiden name Elizabeth Gale.  15. Birthgiace Ceirl Ceo. Mah.	Major findings of operations			
18. Informaci Address Plany Sun Md	Antopsy results			
17. (Burial, cremation, or removal. Which?)  Bate thereot (month) (day) (year)	22. VIOLENCE: It death was due fo external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or crematory.	Where did injury occur?			
Location 470 mg	Injured at home, farm, industry, public place (where?)			
18. Funeral director	Means of Injury Injured at work?  23. SIGNATURE DOCLSON MAD			
19. January 19. 46 ZM Northwigh	Address Usang Sun Md Date signed 74-46			

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MARGIN RESERVED FOR BINDING

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RECEIVED

JAN 19 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (28)

# CERTIFICATE OF DEATH

4	00	4	4	40	-
Reg.	Dist.	No.			

1. PLACE OF DEATH:  Coonty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant give residence of mother)  State And Andrew (If ontside city or fown limits, write RURAL and give nearest fown)  Street No
male white Single  B.(1) Hame of hushand or wife Mrs. Elizabeth	20. DATE DF DEATH.  20. DATE DF DEATH.  21. I CERTIFY that/death occurred on the date above stated; that I ettended deceased from  19.46, to 19.46.
7. Birth date of deceased (me., day, yr.) Months Days It less than one day	and that Past saw h
36 years 5 19	Due to.
10. Usual occopation. Unable to work.  11. Industry or business	Due to
12. Name Duil & Unilliser	Other conditions John paroly tolow 5 years Leve J. West Alex  Appeinde pregnancy within 5 months of death)
15. Birthplace Self Condenses	Major findings of operations.  Date of op.
Address Porth East, Md,	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cramation, or removed Which?)  Date thereof (month) (day) (year)  Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location 18. Fuoeral director 19.	Injured at home, farm, industry, public place (where?)
Address Peaing Sun prod.  19. (Date red'd by registrar)  19. (Date red'd by registrar)	23. SIGNATURE M. D. or other  Address bearferace, and Date signed // 6/44

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JAN 22 1946 PUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother)
County	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Starley newsurg home	Street No
How long in hospital or inetitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Salle Kr	nbrester.
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
freed letter widowed	20. DATE OF DEATH January 2 1946 at 2A M
6.(b) Name of husband or wife. Albert Usubrester	21. I CERTIFY that dealth occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Get 17 1871	and that I last eaw h. 2 alive on 202 - 37 - 19 45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
74 2 16hrsmin.	Chrome 1145 and one
CI IN CT &	<i></i>
9. Birthplace	Due to
at House	
10. Usual occupation	Due to
11, Industry or business	
12. Name Samuel Sumons.	Other conditions Determs Sclerous 575
3. Birthplace Elector mo 10	100 A
14. Malden name Many Jana Kuru	(Include pregnancy within 8 months of death)
14. Malden name. Mary Jana Kenne 15. Birthplace Elector mes RN	Major findings of operations.
Clare a Cartle	
18. Informant	Autopsy results
Address Elkton md	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Bernial Date thereot for 5 1946	
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Bethet near Chesopeakerty Me	Injured at home, farm, industry, public place (where?)
18. Funeral director 7 + wo Biggin	Means of Injury Injured at work?
Address Electon mi	* Marian TAD
1 1 1 1 1 1 NAME	23. SIGNATURE
18/ SMISIANY 5 1944 Bara 401951 1946	10 cote Schneite red 1/3/40.



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33 (a)

# CERTIFICATE OF DEATH

	Ulase.
Rog. Dist.	No. 1928

1. PLACE OF DEATH: Cocal	2. USUAL RESIDENCE (HOME) OF DECEASED:  GFor newborn infants give residence of mother)
County	State Maryland sounty leecel
City or fown	The sale
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
amon Hospilal	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Of a	3. (b) Social Security Number
Koebe   Jarrington	none
4. Self S. Color or race 6.(a) Single, married, widowed, or divorced wildowed.	MEDICAL CERTIFICATION  20, DATE OF DEATH ORIGINAL 16 46 9.007.
6.(6) Name of husband or wife. John Barrington	21. I CER IFY that deall occurred on the tale above stated; the lattended deceased from
7. Birth date of day yr.) SURA 3 - 1859	and yight last saw AV alive on Jan 12 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.)  8. AGE: Years   Month's   Days   If less than one day	Immediate Quee of deth
5 \$ 2 17min.	Cherry Homouries 3days
9. Birthplace / Outh Each - Ne (Town, county, and state)	Due to Hyperlemicon Unknown
10. Usual occupation. Houseworfe	
11. Industry or business a	Due to
12. Hame John M. Tinney	Other conditions
al 13. Birthplace	(Iuclude pregnancy withiu 3 months of death)
14. Maiden oame	Major findings of operations.
N 15. Birthplace Senna	Date of op.
16. Informant Hospital Cerords	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Melhoclish	Where did injury occur?
Location Worlf Eash nd	Injured at home, tarm, industry, public place (where?)
0 20	Means of Injury   Injured at work?
18. Funeral director	7 7/ med f. 4m Tr
Address with Cash Mag	23. SIGNATURE A. M. M. Stright M. N
(Data rec'd by registrar)  (Data rec'd by registrar)	Address Elblon-MD Date signed 1/17/46

JAN 22 1946
BUREAU V.S.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Clark
How long in above place of death? Jufature	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rurai, give LOCATION)
How tong to hospitat or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles C 13	agang none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widowed	20. DATE OF DEATH.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Jan 23 - 1946 to Jeller 45 1946
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) May / 866	Immediate cause of death
8. AGE: Years Months Days If less than one day	Bongerby
79 8 18hrsmin.	Hent Failer
9. Birthplace north trust Rucal M. d. (Town, county, and state)	Due to Man Programme
10. Usual occopation Verticed Muschant	
11. Industry or business	
12. Name Charles J. Bayand 13. Birthplace	Dither conditions. Tryschelas.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Scalso a Stelle	Major findings of sperationa
15. Birthplace	Date of op.
16. Interment Mrs Um Conoley	Autopsy results
n con book	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Kis Carlle Cur af Mid	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Genetery or crematory. M. eth odist	Where did injury occur?
Cemetery or crematory.	
Location Della Zant Mod	injured et home, farm, Industry, public place (where?)
18. Funeral director sept P Start	Means of Injury Injured at work?
Address hough Eart Mar	Ja A Yaskenson
1/29 46 Juin to Covers	23. SIGNATURE M. D. or other
19	Address Date signed 1264

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WITH THE SUPPLY SETTINGS

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

# CERTIFICATE OF DEATH

Registrar

Address..

Reg. Dist. No.....

Date signed

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)  State  County  County			
ļ	Cily or town (If ontside city or town limits, write RURAL and give nearest town)			
	Sireet No			
	2.(a) If veteran, name war			
7	Camblie 3. (b) Social Security Number			
-	MEDICAL CERTIFICATION 46			
	20. DATE OF DEATH Carry U 19. 21 dign			
l	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from			
l	Dec 9 201 19 45 to Jan 4 - 19 46			
	and that I last saw hale alive on Service 3 19.46			
l	T. P. Dipariou			
İ	Immediato Cause of GCASE Tours of Structure Julius			
	Due to State Samuel 3.74			
	Due to			
l	Other conditions change mysen little			
	Uther conditions			
	(Include pregnancy within 8 months of death)			
	Major findings of operations.			
	Antopsy results			
	22. VIOLENCE: If death was due to external causes, fill in the following;			
	Accident, suicide, or homicide			
	Where did injury occur?			
ľ	Injured at home, farm, industry, public place (where?)			
-	Means of Injury Injured at work?			
1	( 18.10 1			
	23. SIGNATURE MILL J. M. D. or other			

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? wive How long in hospital or institution? 3. (a) FULL NAME 5. Color or race 4. Sex 7. 8irth date of deceased (mo., day, yr.) Years Days It less than one day 8. AGE: Months 1D. Usual occupation. 11. Industry or business 13. Birthplace 14. Malden na 18. Informant Address (mouth) (day) (year) (Burial, cremation, or removal, Which?) 18. Funeral director Address (Date rec'd hy registrar)

JAN 17 1946
BUREAU VR

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baftimore 830 CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH ? 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How leng in above place of death?..... (If outside city or town limits, write RURAL Nospital, institution, or street address where death occurred: (If rurai, give LOCATION) Now long in hospital or institution?..... 3. (b) Social Security Number MEDICAL CERTIFICATION 2f. I CERTIFY that doubt occurred on the dato above stated: that I attended deceased from (Town, county, and state) (Include pregnancy within 3 menths of death) PflYSfCfAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... /(month) (day) (year) Where did injury occur? .....(City or town) Injured at heme, farm, Industry, public place (where?) ......

MARGIN RESERVED FOR BINDING important. PLAINLY, vis especially WRITE PLEASE

information carefully, of death clearly and

d

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace Q

13. Birtholace

14. Maiden na 15. Birthplaco

fB. informant

Address

10. Usuat occopation. f1. Industry or business

8. AGE:

18. Funeral director

Means of Injury

Injured at werk?

and another

JAN 31 1948

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FOR	
/ED	

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/d

# CERTIFICATE OF DEATH

4	r	B.	3	7	9	j	Į.

Reg. Dist. No..

66450

-	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother) State
	City or town. Elkton
,	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 300 harth Street
	(If rural, give LOCATION)

1. PLACE OF DEATH:

How long in above place of death?.

How long in hospital or institution?....

Mospital, institution, or street address where death occurred:

(If outside city or town limits, write RURAL and give nearest town)

3.(a) FULL NAME Virginia Chambers	3. (b) Social Security Number
Felicale white married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. January 3, 19 46 at 10:30A
B.(b) Name of husband or wife Janus Chambers  6.(c) If allve, give age 65 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20, 19.45 to Jan. 3, 19.46
deceased (mo., day, yr.) The 11871	and that I last saw h.er alive on Jan. 3, 1946 1946  Immediate cause of death Myocarditis DURATION
8. AGE: Years Months Days If less than one day  7 4 9 2hrsmin.	
9. Birthplace	disease disease
11. Industry or business	Due to
12. Name Coches  13. Birthplace Wary land	Dither conditions
14. Maiden name Sarah Mulleur  15. Birthpiace Wo surformative	(Include pregnancy within 3 months of death)  Major findings of operations.
18. Informani Margaret Stegle Address Williams Jones Del	Antopsy results

PLAINLY, vis especially

WITH UNF important.

MARGIN RESER

PLEASE WRITE A15 SA

(Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

Where did injury occur? ......

Accident, suicide, or homicide.....

(County)

Injured at work?

Registrar

(month) (day) (year)

Means of Injury

Md. Elktoh

injured at home, farm, industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

MARTIAND STATE DEPARTMENT OF BEAUTIES

CERTIFICATE OF DEATH

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Pur

00451

CERTIFICA	TE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:  County Cecil  City or town Elkton  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, institution, or street address where death occurred:  221 West Main	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Cecil  City or town Elkton  (If outside city or town limits, write RURAL and give nesrest town)  Street Ho. 221 West Main  (If rural, give LOCATION)  2.(a) If veteran, name war. World War I	)
3. (a) FULL NAME	3. (b) Social Security Number	,
John Clark		-
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	221-01-56	30
male white married	MEDICAL CERTIFICATION	4.5
Cl + Cl	20. DATE OF DEATH Jan. 22 19.46	452
6.(b) Hame of husband or wife. Cuta Clark  6.(c) If alive, give ege. 5 2 years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  Aug. 7	. 46
7. Birth date of	and that I last saw h. i.m. alive on Jan. 22	, 46
deceased (mo., day, yr.)   2   7   8   7   8   8   AGE:   Years   Months   Days   If less than one day   5   4   2   4	Immediate cause of death DUR/ Gastric Hemorrhage DUR/	RATION
9. Birthplace Elkton and many land (Town, county, and state)	Due to Cirrhosis of Liver	
10. Usual occupation	Due to.	
12. Hame James a Clark  13. Birthpiace Elector manylone	Dither conditions.	
	(Include pregnancy within 3 months of death)	
14. Malden name Catherine W Johnson	Major findings of operations	
9. 0162.31	Date of op.	***********
16. Informant Elkton med	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	'
17 Burial, cremation, or removal. Which?)  Bate thereof Jane 25 1946  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
Cemetery or crematory. Electronic Cemetery or crematory.		***********
location Electron med	Where did injury occur?	
18. Funeral director H. W. Pippin	Means of Injury Injured at work?	
Address Elkton md	1 20000 K 60019 16	0
19. Hut V3 19.44 6 FRJ Registrar  (Pato rec'd by registrar)  (Registrar	23. SIGNATURE UNIT CONTROL M. D. or other	:J
(Date rec'd by registrar) Registrar	Address Elkton, Md, Date signed Jan 2	15

Date signed Jan. 23

REC BUREAU V.E.

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 96
1. PLACE OF DEATH:  County Cecil  City or town. Perry Point, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 9 yrs. 6 mos. 11 days  Hospital, institution, or street address where death occurred:  Veterans Administration Hospital  How long in hospital or institution? 9 yrs. 6 mos. 11 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State D.C.e. County City or town Washington (If outside city or town Hinita, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME COLLINS, Michael	3. (b) Social Security Number Unknown
4. Sex Male .   5. Color or race   6.(a) Single, married, widowed, or divorced   Single   Sin	MEDICAL CERTIFICATION  20. DATE OF DEATH. January 30 19.46 11. A 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S. AGE: Years   Months   Days   It less than one day   S. AGE:   Years   S. AGE:   Years   S. AGE:   S.	and that I last saw h
9. Birthplace Washington, D. C. (Town, county, and state)  1D. Usual occupation Painter  11. Industry or business Painting  12. Name Morris J. Collins	Due to
13. Birthplace Washington, D. C.	Dither conditions General Taylor State  Insane 12 yrs.  (include pregnancy within 3 months of death)  Major findings of operations  Date of op.
Address Perry Point, Md.  17. Removal (Burial, cremation, or removal. Which?)  Cemetery or crematory Arlington National Cemetery,  Location  Fort Myer, Virginia  18. Funeral director LEE A. PATTERSON 9 5000  Address Perryville, Maryland  19. Date rec'd by registrar)  19. Pate rec'd by registrar	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the toilowing:  Accident, suicide, or homicide

PURASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS/A15

FEB I 1946
BUREAU V.S.

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

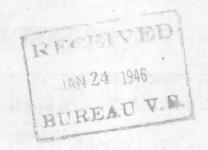
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00453 Rev. Dist. No. 96

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			ry Point, Md.	State
3. (a) FULL NAM	E		thur R.	3. (b) Social Security Number 212 - 10-9021
4. Sex Male	5. Color or race White	6.(a)Single	e, married, widowed, or divorced Married	MEDICAL CERTIFICATION  January 22 19 146 , at 12:45P.
6.(b) Name of husband 7. Birth date of deceased (mo., day, )		era Coc	per :) It alive, give age 48 years 1896	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 19.45 to January 22 19.46 and that I last saw him alive on January 22 19.46
8. AGE: Years	s   Months	Days 6	It less than one dayhrsmln.	Immediate cause of death Degeneration due to  Coronary arteriosclerosis  Myocardial Degeneration due to  coronary arteriosclerosis  mo.
11. Industry or busines	Printer -	county, and a	Cooper	Oue to.  Olher conditions Psychosis, unclassified Over 6
15. Birthplace		La Meek and	ins	(Include pregnancy within 3 months of death)  Major findings of operations.  None  Date of op.
Address Vete 17	erens Admir emoval D n, or removal. Which ory Cheste extertown,	u Date there or Come	ion, Perry Point.  1-22-16 (month) (day) (year)  tery	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide



See instructions on back of certificate.

TION is very important.

-WRITE

N. B.-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

U	(;	4	5	¥.	
				1000	

1	. PLACE OF DEATH		80	
	County Talent		Registration Dist. No.	
	Village or City Mean Ulacen		No. Accounted in a horpital or institution, give its NAME instead of street and number)	
	Length of residence in city or town where death	occurred 31 yrsmos.	ds. How long in U.S.il of foreign birth?yrsmos	_ds.
2	. FULL NAME Addline Cas	execution and	If U. S. Veteran, specify WAR	7-
	(a) Residence: No. M. M. M. Marketan	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	_
3. 3		INGLE, MARRIED, WIDOWED,	21 DATE OF DEATH	( )
7	me of galife	R DIVORCED (write the word)	January 24, 193 4	6
5a.	If married, widowed, or divorced	- annuar	(Mónth) (Day) (Year)	
	HUSBAND of Oxeher Gra	cufarel	22. I HEREBY CERTIFY. That I attended deceased to	rom
6.	DATE OF BIRTH (month, day, and year) Guller	27.1882	I last saw h_ ex_ alive on	sald
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
1	63	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows:	
z	8. Trade, profession, or particular	. /	Chebal temordage with Date of or	set
9	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	rushing	deft hemigleger and	9,194
OCCUPATION	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
S	10. Data deceased last worked at	11. Total time (yaars)		
_	this occupation (month and year)	spent in this occupation		
12	BIRTHPLACE (city or town)	erland.	Other Contributory Causes of Importance:	
12.	(State or country)	1		
EB	13. NAME Non M- 60	alkraw		
FATHER	14. BIRTHPLACE (city or town)	7 0	Name of operation Date of	
F	(Stata or country)	laware	What test confirmed diagnosis? Was there an aulopsy?	
HER	15. MAIDEN NAME Pallegie	Wilson	23. Il death was due to external causes (VIOLENCE) fill in also the following:	
MOTH	16. BIRTHPLACE (city or town)	1 1	Accident, suicide, or homicide? Date of injury19	
Σ	(State or country)	Jeane	Where dld injury occur?	
17.	INFORMANT Welley ton	aufarel	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Fred Oll	Manner of injury	
	Place Toxest Com. Milable	ite 1-27, 1946	Nature of Injury	
19.	UNDERTAKER Gallard Tolerand	llasus	24. Was disease or njury in any way related to occupation of deceased?	
-	(Audiess)	· May	If so, specify	
20,	FILED JAN Y U , 1946 A JAM	m of Jell All Registrar.	(Address) Mildletonn , Ilel	w. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		POR	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and techny. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

# CERTIFICATE OF DEATH

Rog. Dist. No. 455

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Cecil
City or fown	EIKTOR D D
How long in above place of death? About 7 years.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
e/o Thos Keithley, Elkton, Md.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (d) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	. 33 3040 33 50
111111111111111111111111111111111111111	20. DATE OF DEATH January 11, 1946 19 , at 11, 50 M
6.(b) Name of husband or wifeGeorge.R. Crothers	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from
deceased with the same of the	Sept. 2d 1942 19 10 Jan, 11, 46 19
7. Birth date of	and that I last saw h. er alive on Dec. 16, 1945
deceased (mo., day, yr.) (about 1939) /862	Immediate cause of death
8. AGE: Years Months Days   If less than one day	
83 yrs1862 3 3hrsmln.	Chronic endocarditis about 4 yrs.
9. Birinplace Cocil County, Md. (Town, county, and state)	Due to General arteriosclerosis Unknown
10. Usual occupationNone	Due fo.
11. Industry or business	
至 12. NameGeorgeHenry.Cowan	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Sarah Cowan Ireland	Major findings of operations
5 Is Birtheless Ireland	
- 113. DTIMPACE	Date of op.
16. Informanf Mr.s. Thomas Keithley	Autopsy results
Address Elkton, Md. R.D.	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
S-P Be	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Williamston Del	Injured at home, farm, Industry, public place (where?)
If correspond	Means of Injury Injured at work?
16. Funeral director	7. 4/ mox / 0.
Address Elkton mid	t, 11 minto
7/17	23. SIGNATURE M. D. prother
19. January 19.46 January (Date rec'd by registrar) Registrar	Address Sittlen M. Date signed 50 16 - 46

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JAN 17 1946

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 24-6)

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7	ž .				1	U	U	
	Reg.	Dist.	No.		7	2		

CERTIFICAT	E OF DEATH Rog. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, institution, or street address where death coursed:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME John Daniel	3. (b) Social Security Number
4. Set MALE 5 Color or race 6.(a) Single, married, widowed, or divorced male market	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that alteeded deceased from
6.(6) Name of husbald or wife	and that last saw h
≥ 15. Birthplace  16. Informant	Antopsy results
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Bate thereof	22. V10LENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Could East Mod  18. Funeral director, See See See See  Address Touch East Mcd  19. Am See See See Mcd  19. Date rec'd by registrar)  Registrar  Registrar	tnjured at home, farm, Industry, public place (where?)  Means of Injury  23. SIGHATURE  M. D. br other  Address  Date signed 4717-1942

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give redience of mother)
County	State maryland County Cece
City or town (If outside city or town limits, write RURAL and give nearest town)	OF A CO
How long in above place of death? 2 with	(If ontside city or town limits, write RUHAL and give nearest town)
Hospital, Insilitation, or street address where death occurred;	(If ontside city or town limits, write KUIVAL and give nearest town)
Minion Hospital	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution? 2 LLC	2.(a) If veleran, name war
3. (a) FULL NAME Joac m Dean	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	CHARLES CERTIFICATION
Male some accounts	20. DATE OF DEATH 20 13 1946 at 2 - M
Linnie Dean	21. I CERTIFY that Neath occurred on the date above stated: that I attended deceased from
6.(b) Name of hosband or wife.	13 1846
7. Birth date of deceased (mo., day, yr.) may 12 1857	and that I last saw h. alive on
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death DURATION
48 4 1	
hrs	themen 2 outs
mustant may land	
(Town, county, and state)	Due to
7.	Chemic nephrotes swel
1D. Usual occopation.	Due to
11. Industry or business	
12 Name Jacob Dean	Other conditions
12. Name Jacot Dean  13. Birtholace Firshool England	other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Columnia  15. Birthplace Elklow mod RD	
Elklow and RA	Major findings of operations
21 13. Birmprace	Date of op.
18. Informant Undrew D. Deace	Antopsy results
Address Elkton Ind	PHYSICIAN: Pleaso underlino the cause to which death should be charged statistically.
7	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which) (month) (day) (year)	
Cemelery or crematory	Where did injury occur?
Location Chesapeux City R D.	Injured at home, tarm, industry, public place (where?)
74. w Pin:	Means of Injury Injured at work?
18. Funerel director.	11 5
Address Elkton Ind	The state of the s
2011 701	23. SIGNATURE M., D. or othor
19. July 19. 46 21. July 19. (Bate rec'd by registrar) Registrar	
(Pate rec'd by registrar) // Registrar	Address Marakeafell he Date stened / 63/46

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Reg. Dist. No. 1975

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
Coooty	(For newboro lofants give residence of mother)
City or town	State Couply Couply
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospitat, institution, or street address where death eccurred.	
Union Hosp.	Street No
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) FOLL NAME	3. (b) Social Security Number
Clinton Denny	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M wedowed	20. DATE OF DEATH Law. 18 1946 at 1.159 M
S	20. DATE OF DEATH
6.(b) Namo of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of deceased (mo., day, yr.) and 12, 1870	and that I last saw haltro on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
7.5 5 6 min.	
1. Birthplace. Elfton Cect Mayland	Duo to
(Town, county, and state)	
10. Usual occupation.	Dus to
11. Industry or business	
12. Name W Deguey  13. Birthplaco Elktow	Other conditions
13. Birthplaco Elktow 2nd	
75 11	(Iociude pregnancy within 3 months of death)
14. Malden came face that	Major findings of operations
15. Birthplace Election Trus	Date of op.
16 Interment Lather D. adams	Actory results
Address 128 2 4th Chester Pa	PHYSICIAN: Plesse underline the caose to which death should be charged statistically.
1 1	22. VIOLENCE: It death was due to exteroal causes, fill in the tellowing;
17   Date thereot   Fan V   Home   Burial, cremation, or removal, Which?)   (month) (day) (year)	Accident, sutcide, or homicide
Bothel Carreten	Where did injury occor? (City or town) (County) (State)
Cemetery or crematory	
Location Character Res	Injured at home, farm, industry, public place (where?)
18. Funeral director & Company	Means of Anjury Injured at work?
SON+ mad	(1) (1) (1) De els De de la Coal Examinar
Address Willow . / Va	23 SIGNATURE COUNTY OF COUNTY COUNTY
19 Jun 19 1946 FR Frague	M. D. or other
(Date rec'd by registrar)  Registrar	Address Date signed - 15 46

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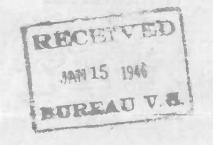
# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

01459 Reg, Dist

			01
leg.	Dist.	No.	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Cecil  City or town Port Deposit, R.D. (If ontside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Glenn A. Downin	3. (0) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH January 10 1946 ,at 4:15a M
6.(6) Name of husband or wife Nellie M. Downin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
7. Birth date of deceased (mo., day, yr.)  July 9, 1892	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death thrombosis
53 6 1hrsmln.	
9. Birthplace Hagerstown (Town, county, and state)	Due to
(Town, county, and state)  10. Usual occupation Engineer	
	Due to
11. Industry or business Power House, U.S. Vet. Adm. E 12. Name. Charles Willard Downin	
12. Name Charles Willard Downin 13. Birtholace Hagerstown	Other conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
18. Informant Nellie M. Downin	Autopsy results
Address Port Deposit, Md. R.D.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Oate thereof Jan 13 1946.  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory West Nottingham Cemetery	Where did injury occur? (City or town) (County) (State)
Colors Maryland	(City or town) (County) (State)
Location	Means of Injury Injured 2t work?
18. Funeral director life A. Millson 4000.	(b) 1 10 - 1 an Oa 1 (Medical Examinar
Address Verryoll, Ma.	23. SIGNATURE CONTOCKON NOT CASE COMMENT
19. Actor rec'd by registrar)  Oktor rec'd by registrar	Address Vising Sun Moate signed 1-10-46



1. PLACE OF DEATH.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

# CERTIFICATE OF DEATH

Reg. Dist. No.

County	(For newborn infagts give realdenee of mother)  State County Coun
3. (a) FULL NAME Mary Drews	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single-Married, widowed, or divorced    6.(b) Name of husband or wife   6.(c) It alive, give age   9. Years	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. CERTIFY that double occurred on the date above stated; that Lattended deceased from  19. House to the date above stated; that Lattended deceased from the date above stated; the date above stated is date above stated.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day   No   No   No   No   No   No   No   N	Immediate cause of death DURATION  Tryscard Tro  Due to.
10. Usual occupation	Due to
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
16. Informant  Address  Address  17. Burnal Which?)  Date thereot	Autopsy results. PHYSICIAN: Please suderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory. Wellhodish  Location World East Wol  18. Funeral director Joseph R. Liaux	Where did injury occur?
19. 2 2 19.46 Sisa D'Oireise Registrar	23. SIGNATURE. C/S Caccing M. D. or other Address North East Malate signed 2-72-46

CERTIFICATE OF DEATH RECEIVED FEB 6 1946 BUREAU T.S.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1644

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M Date signed / - 10 - 46

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givu residence of mother)
City or lown (If outside city or town limits, write RURAL and give nearest town)	State. County & County
How long in above place of death? 3 3 COLD	(If outsidecity or town limits, write RURAL and give nearest town)
Rospital, institution, or street address where death occurred:	Street No.
How long in hospitat or institution?	(if rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Joseph Scott F	Ceurs . 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH 1.30 G.M.
8.(b) Name of husband or wife Benefich Freuers.	20. DATE DF DEATH
6.(c) If alive, give age 50 years	, to
7. Birth dato of deceased (mo., day, yr.) march 13 1893	and that I last saw h
8. AGE: Years Months Days the strain one day 9 27	Immediate cause af death DURATION
8. Sirthplace Part Human Circle Md. (Town, county, and state)	Buo to. A Date
10. Usual occupation Allum destills  11. Industry or business Relatived	Due to.
E 12. Namo / Allique Felens	Dther conditions.
13. Birthplaco  14. Maiden name Mary Donath  15. Birthplace Port Herman Carillo Mil.	(Include pregnancy within 3 months of death)
\$ 15. Birtholace Port Herman Cirleo mil.	Major findings af uperations
16. Informant Alex Obdered Idla Fellows.	Autupsy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address   Jan 17 1946  17 Burial, cremation, or removal. Which?)  Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.
Cemetery or crematory Bethel Cemetery	Where did injury occur? The third all the County (State)
Location Cheookeake Cety md 17 D	Injured at home, farm, Industry, public placo (where?)
18. Funeral director TX, W Tieppiece	Means of injugar algor place. Injured at work?
Address Elktore md	23. SIGNATURE PROCESSOR MANY Cool Country
19. Date rec'd hy registrar)  [Registrar]	Address New M. D. or other  Address New M. D. or other  Address Signed 1 - 10 - 46

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CERTIFICATION OF CERTIFI

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

OPPORT	OAME		TOTAL	CTT T
CERTIFI	CALL	OF	DEA	VIII-

Reg. Diat. No. 96

1. PLACE OF DEATH: Gounty. CECIL					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or lown. Veterans Administration, Perry Point, M  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? A. Yrs. 7. months  Hospital, institution, or streel address where death occurred:  Veterans Administration, Perry Point, Md.  How long in hospital or inslitution? Same as above				nthsry Point, Md.	State Maryland County  1304 Wilcox Street, Baltic City or town (if outside city or town limits, write RURAL and give nea Street No. 1304 Wilcox Street (if rural, give LOCATION)  2.(a) If veteran, name war.	more, Md.
3. (a) FUL			REST, J		3. (b) Social Security	Number
4. Sex	5.	Color or race	6.(a)Single	. married, widowed, or divorced	MEDICAL CERTIFICATION	
Ma	le	White		Single	20. DATE OF DEATH January 19 19.46	9:45A.
					21. I CERTIFY that death occurred on the date above stated; that I altended decer June 19 19 41 to Jan. 12	ased from 19.46
7. Birth date o	f		igust 3	) If alive, give ageyears	and that I last saw h im alive on January 19	19.446
8. AGE:	no., day. yr.) Years	Months	Days	If less than one day	Corenary Arteriosclerosis.	DURATION
	50	5	16	hrs. min.	Myocardial damage with insufficien	
9. Birthplace			more,		Due toC.Y.	4 yrs.
10. Usual occ					Due to	
		ard W. F	Correst		Other conditions Syphilis, tertiary Ove	5yrs
14. Maid	en name		Tright)	Forrest	(Include pregnancy within 3 months of death)  Major findings of operations	map
16. Informant		الماتيان سلمانة فاسلمان يأدارا		on, Perry Point, Md	Antopsy results	
		removal, Which?		(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery o	r crematory			tional Cemetery	Where did injury occur? (City or town) (County)	(State)
Location		Baltimo	ore, Md	11 0. 020	injured at home, farm, industry, public place (where?)	
18. Funeral	L'I'A WI	LA W.	Funera Avenu	al Birector Baltimore, 2.M.	Means of Injury Injured at work?	ε Ε
19 Jan	. 21	19. 4/6	0	c n	23. SIGNACURE. A.E. TROLLINGER Lt.Col. M.D. Cal Director, Veterans Administrations	11-21-46

JAN 23 1946
BUREAU V 8

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH date of death is shown on 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn integers give residence of mother) County..... City or town ..... (If outside city or ormation carefully. How long in above place of death?.... (If outside city or town limits, write RURAL and give near Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death clear How long in hospital or institution?.. 2.(a) If yeteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, fildowed, or divorces MEDICAL CERTIFICATION item of i BINDING 25, January 20. DATE OF BEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... S.(c) if alive, give age ...... years MARGIN RESERVED FOR ite 7. Birth date of and that I last saw h. & .... alive On deceased (mo., day, yr.) Supply Immediate cause of death If less than one day 8. AGE: ease pl ADING INK. 9. Birthplace...... (Town, county, and state) 1B. Usuat occupation... 11. Industry or business 12. Name.... important. 13. Birtholate (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... 15. Birthplace PLAINLY, vis especially 16. informant PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (mouth) (day (year) Accident, suicide, or homicide...... Date of ...... Date (Burial, cremation, or removal, Which? Where did injury occur? ...... RITE Cemetery or crematory. (City or town) (County) Injured at home, farm, lodustry, public place (where?) Location Inhered at work? Means of Injury 18. Funeral director. EASE Address 23. SIGNATURE VSS VS Address.



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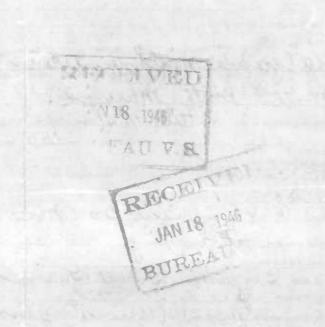
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

#### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: CO mal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Cliy or town (If outside eity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Colarence mitchney Garin.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced male. White married.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH  21. 23 0
5.(b) Hame of husband or wife Stella M. Linney January  5.(c) If allve, give age 55 year	1940, 10 1946
deceased (mo., day, yr.) May 29 1877	and that I last saw has alive on
. AGE: Years Molitan's Days If less than one day	Ratonieu
9. Birthplace Ruck Spring Civil Lee md-	Due to Shryveardles
10. Usual occupation	Due to
12. Name Denjamine Browns Jarons Jarons 13. Birthplace Delail Co md	
14. Maiden name Surans Relocecus Flryusor  15. Birthplace Placel Co Mel	(Include pregnancy within 3 months of death)  Major fiadings of operations.
15. Birthplace planeil co mil	Major hadings of operations.  Date of op.
16. Informatil Mella Javern	Antopsy results
Address Date thereof an 19,194	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, eremation, or removal Which?)  Cemetery or crematory. (month) (day) (year)	Where did injury occur? (City or town) (County) (State)
Location Rising Sun Md'	Injured at home, farm, Industry, public place (where?)
1B. Funeral director Land Systems	Means of injury Injured at work?
Solution of Limborational in	23. SIGNATURE CONTROL MADE OF OTHER
Date rock by Registra	Address. Date signed Date signed



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

#### CERTIFICATE OF DEATH

4		111.	465
	Reg. Di	st, No	92

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For oewborn infants give residence of mother)
City or town Celletton	State County County
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town New nett & France
How long in above place of death?	(If outside city or town limits, write RURAL and give oearest town)
Hospital Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	mm.
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 46
of suite single	1011.3 26 3-300
	20. DATE OF DEATH 19. 42000 M
6.(b) Name of husband or wife	21. I CER7tFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   It iess than one day	Immediate cause of death
7. 96	P
hrsmln.	Lovan mummua
9. Birtholoce West Cluster. Va.	Due ta
(Town, coucty, and state)	1
10. Usual occupation.	Due to
11, tedustry or business	
51 Can-a blassace.	
12. Name	Dther coaditions
ac   13. Birthplace   Comment   10. Birthplace   10. Birth	(Include pregnancy within 3 mooths of death)
14. Maideo name	Major findings of operations.
14. Maidee name 15. Birthpiace / Alexanton by	Date of op.
Can a Haman.	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Lenner & grace a	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 pemoral Date thereof Jan 3 46	
(Burial, cremation, or removal. Which?)	
Cemetery or crematory	Where did injury occur?
Location Lansing Grayson Co., N.C.	Injured at home, farm, Industry, public place (where?)
tath E 1/2	Means of Julyry injured at work?
18. Funeral director Ora	(1) (2-0) a Quick Examiner
Address	(14 / htrockeon Mh) con con
0. 12 11 7-17	23 SIGNATURE M. D. or other
(byte rec'd by registrar)  Registrar	Address suggested Mll Date signed - 3 - 45
(2)	- National and a second

# TAINER OF THE PROPERTY OF T

CHURCH CO. OF STREET

JAN 8 1946 BUREAU V.C.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 90

#### EDTIFICATE OF DEATH

00466<sub>96</sub>

			CERTIFICA	IE OF DEATH Reg. Diat. No. 96
1. PLACE OF DEAT	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Veterans Administration, Perry Point, Md. (If outside city or town Runts, write RURAL and give nearest town)  How long in above place of death? 8 yrs. 9 mo. 10 days  Hospital, inslitution, or street address where death occurred: Veterans Administration, Perry Point, Md.			mo. 10 days	
How long In hospital or Institution?Sameas.above				2.(α) If veteran, name warSponish American
3. (a) FULL NAME		JAMES	L. HENDERSON	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION
male	White		married-Vidower	20. DATE OF DEATH January 18 19.46 . at 10:554.
6.(b) Name of husband or				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	2-24-	<b>.</b> 1868	c) If alive, give ageyea	and thal I last saw h im alive on January 18
deceased (mo., day, yr. 8. AGE: Years	Months	Days	If less than one day	Chronic myocarditis due to coronary
9. BirthplaceLO	wden Cou	ntv, Te	nnessee	arteriosclerosis over 1 year    Dut to a ortitis with cardiac hypertrophy 8 yrs.
	Laborer			/ Psychosis with cerebral arterid- sclerosis Over 5 yrs.
	Y. Hend Tennesse			
TO	Wrinkl Tennesse		erson	Major findings of operations.
16. Informant	pital Re	cords		Autopsy results
17Remov	or removal. Which	Date then	on, Perry Point, M eef January 22, 19 (month) (day) (year) cional Cemetery	Accident, suicide, or homicide
Location Arlin	gton, Va	T= +	navre de Grace,	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address		myland	navre de Grace,	02/1000
19	3- 19	د ک	E. D. perstr	23. SIGNATURE.  TROLLINGER, Lt. Col., M. C. C. D. A. D. C. C. C. D. C.

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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A7 and Alexander on Transfer

BUREAU V.S.

VS A15

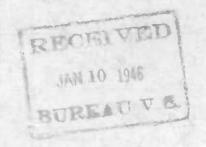
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore Tha.

# CERTIFICATE OF DEATH

00.467 Reg. Dist. No. ... ...

I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME. Charsh Holden	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   White Widower.	MEDICAL CERTIFICATION  20. DATE OF DEATH 1 — 6 — 46 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(6) Name of husband or wife	11-1-11-10-10-10-10-10-10-10-10-10-10-10
7. Birth date of deceased (mo., day, yr.) /— 29-80  8. AGE: Years   Months   Days   If less than one day	and that flast saw h. alive on 18  Immediate cause of death DURATION
65 11 8hrsmin.	Carla delle men siere
9. Birthplace	Due 10.
11. Industry or business 11. Industry or business 12. Hame. John On. Holden	Due to
13. Birthplage and	(Include pregnancy within 8 months of death)
14. Malden name. Adrianne Blumett  15. Birthplace Ond	Major findings of operations
16. Interment Ones Elizabeth Pollon Address Marie Pollon Roll Address Marie Pollon Roll	Autopsy results
17. (Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or eventure war comments	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director La Presentation	Means of Injury Injured at work?
Address Townsend Sclawer  19 (1) of a read by peristron 19 (1) of	23. SIGNATURE DICE M. D. or other M. O. or other M. O. or other M. D. or other M. O. or other M.



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

#### CERTIFICATE OF DEATH

00468

					Keg. Dist. No	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HO	ME) OF DECEASED:	
County			***************************************	(For newborn infants give res	lead	/
City or town	harlesto	DWX	URAL and give nearest town)	State	County	***************************************
				City or town	own limits, write RURAL and giv	e nearest town)
Nospital, institution, or						o nonecov commy
				Street No(If r	ural, give LOCATION)	
Now long in hospital or	r Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Secu	rity Number
	Florer	ice M.	Lewis			
4. Sex	5. Color or race		, married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Female	White	1	Nidowed	2D. DATE OF DEATH.		16 at 5 ?
	TILL		W. Lewis	21. I CERTIFY that death occurred on t		
6.(6) Name of husband	or wife	LLICIII	TOWTO	100	19.44 to Jan	9 1/
7. Birth date of		6.(c	) If alive, give age		11 1729	1946
deceased (mo., day, )	Novemb	er 28	, 1872	Immediate cause of death	1	DURATION
8. AGE: Years	Months	Days	If less than one day	Clumica Va	loular	
73	1	5	hrs.	Theart Dr	sease	5 uso
9. Dirthplace	Winchest	ter	Va.	Due to.		
3. Dittipleco	(Town	, county, and s	tate)		***************************************	
1D. Usual occupation	Ног	ise Wi	fe	Due to	***************************************	
11. Industry or busines	S	2.4			000000000000000000000000000000000000000	
当 12. Name		Rober	t Boyd	Other conditions		
12. Name		Va.				
	Biere C	Alli	son	(luclude pregnancy	within 3 months of death)	
E 14. maiden name.		B, Ti Ti da da da da	Derla Derla da da	Major findings of operations	***************************************	
15. Birthplace	va.				Date of op	
16. Informant J. D.	nes L. Le	ewis		Autopsy results		
Address Che	rlestown	n. Md.				rged statistically.
		,	wt.Tan 6 194	22. VIOLENCE: If death was due to e		
Burial, cremation			of Jan 6 194 (month) (day) (year	Accident, suicide, or homicide		***************************************
Cemetery or cremato	y charle	estown	Cemetery	Where did injury occur?(City	or town) (County)	(State)
Location Char	clestown	, Lud .		Injured at home, farm, Industry, public		
18. Funeral director	Tee & A	etters	ox 4 You	Means of injury	Injured at work?	
Address PA	Mensill	. ba	d.	0 2	Magray	-
1	1	0	61	23. SIGNATURE		, D. or other—
19. (Date rec'd by re	e/strar)	- J.A	Assal Red	Baddress Gerry	lle Med Bata sta	gned 1 - 4 - 46
(Date fee d by fe	Bronar )			Name of the last o	The state of	



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 105

#### CERTIFICATE OF DEATH

00469

			97
Reg.	Diat.	No.	

PLACE OF DEATHS   Control of the property   Control of the property   Control of the place of death   Control of the place of		
Single   S		2. USUAL RESIDENCE (HOME) OF DECEASED:
The street of th		(bad) (been
Street   Account   Accou	(If outside city or town limits, write RURAL and give nearest town)	Elvation DO 5
Sired No. (If read, give LOCATION)  See long in hospital or institution	How long in above place of dealh? A COURT .	(If outside city or town limits, write RURAL and give nearest town)
Rev long in hospital or heilitelitor?  3. (a) FULL NAME  4. Sex  5. Spite or rac.  6. (a) Singite, married, widowed, or divigated  6. Sex  15. Spite or rac.  6. (a) Singite, married, widowed, or divigated  7. Burk dole of the data occurred on the data occurred occurr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. (a) FULL NAME  4. Sex   5. Spoler for rock   5. (a) Single, married, widowed, or diversed   5. Spoler for rock		
6. Sex   S. Roler for rece   S. Roler for receiving   S. Roler for receiving	How long in hospital or institution?	2.(a) It veteran, name war
a. (b) Name of husband or wife.  a. (c) Hame of husband or wife.  a. (c) Holler, give age years deceased (on., day, yr.)  B. AGE: Very Routh  Bays It less than one day  I. Birthplace  Crown, country, stid states)  I. Burthplace  Crown, country, stid states)  I. Birthplace  I. Birthplace  I. Birthplace  I. Birthplace  I. Rame  I. Rame  I. Rame  I. Radden name  I. R	3. (a) FULL NAME John William Z	Oftliorise 3. (b) Social Security Number
8. (b) Name of husband or wife.  8. (c) It elike, give age.  9. First hade of deceased from the date above stated; that I attended deceased from the deceased from, day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or bosiness  12. Name.  13. Birthplace  14. Major Bodiaga of operation.  15. Birthplace  16. Informant  17. Authority of Major Bodiaga of operations.  18. Informant  19. Usual occupation.  19. Usual occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Birthplace  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupation.  17. Outhority of Major Bodiaga of operations.  18. Informant  19. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Informant  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  17. Outhority of Major Bodiaga of operations.  18. Informant  19. Usual occupations.  10. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Informant  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  18. Informant  18. Informant  19. Usual occupations.  19. Usual occupations.  19. Usual occupations.  19. Usual occupations.  10. Usual occupations.  10. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Industry or bosiness  13. Industry or bosiness  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  18. Informant of death occurate of death occu	4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife.  8. (c) It elike, give age.  9. First hade of deceased from the date above stated; that I attended deceased from the deceased from, day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or bosiness  12. Name.  13. Birthplace  14. Major Bodiaga of operation.  15. Birthplace  16. Informant  17. Authority of Major Bodiaga of operations.  18. Informant  19. Usual occupation.  19. Usual occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Birthplace  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupation.  17. Outhority of Major Bodiaga of operations.  18. Informant  19. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Informant  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  17. Outhority of Major Bodiaga of operations.  18. Informant  19. Usual occupations.  10. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Name.  13. Informant  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  18. Informant  18. Informant  19. Usual occupations.  19. Usual occupations.  19. Usual occupations.  19. Usual occupations.  10. Usual occupations.  10. Usual occupations.  11. Industry or bosiness  11. Industry or bosiness  12. Industry or bosiness  13. Industry or bosiness  14. Major Bodiaga of operations.  15. Birthplace  16. Usual occupations.  18. Informant of death occurate of death occu	M. Mule Single	20 BATE DE DEATH LONG 11 10 46 at 1309:11
The sirch date of whether the state of the s		
Second community   Second comm	1000	
deceased (mn., day, rr.)  8. AGE: Vears Months Bars II less than one day  In. Burnellate cause of death.  Due to.  II. Industry or bosiness  III. Industry of bosiness  III. Industry of bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industry of bosiness  III. Industry of bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industry or bosiness  III. Industry of bosiness  III. Industry or bosiness  III. Industr	7. Right dale of	
8. AGE: Years Months Bays If less than one day  If less than one d	deceased (mo., day, yr.) May //, /737	
8. Birthplace. Crown, county, and state) 10. Usust occupation. 11. Industry or booleess 11. Industry or booleess 12. Name. 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 15. Birthplace 14. Malden name. 15. Birthplace 15. Birthplace 16. Malden name. 16. Malden name. 17. Malden name. 17. Malden name. 18. Informant 18. Funeral director 18. Malden name 18. Informant 18. Funeral director 18. Malden name 18. Informant 18. Funeral director 18.	8. AGE: Years   Months   Days   If less than one day	11/2 1 Knopportung
10. Usuat occupation   11. Industry or bosiners   12. Name		Dedema.
10. Usuat occupation   11. Industry or bosiners   12. Name	Revyville (ecil co. Ma)	Bue to Romanda 3
11. Industry or bosiness    12. Name.	(Town, county, and state)	22122 Can ballaques
11. Industry or bosiness    12. Name	10. Usuat occupation MAN	
18. Informant  Address  19. Major findings of operations  19. Informant  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealth was due to external causes, fill in the tollowing;  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accided: suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other	1t. Industry or bosiness	
18. Informant  Address  19. Major findings of operations  19. Informant  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealth was due to external causes, fill in the tollowing;  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accided: suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other	E 12. Name And Color of the Col	Other conditions
14. Maiden name    15. Birthplace   Crustyville   Major findings of operations		(Include pregnancy within 3 mouths of death)
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealh was due to external causes, fill in the tollowing:  Accident, or removed. Which?)  Cemetery or crematory.  Location.  Location.  Location.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Means of injury injured et work?  23. SIGNATURE.  M. D. or other	14. Malden name.	
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the tollowing;  (Buriai, cremation, or removed. Which?)  Cemetery or crematory  Cemetery or crematory  Cemetery or crematory  County  County  County  Injured at home, tarm, industry, public place (where?)  Means of injury  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the tollowing;  County  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?  23. Signature  23. Signature  M. D. or other	\$ 15. Birthplace Germyville, and	
Address    Address   Continue   County    18 informant Esta Wolfhouse		
22. VIOLENCE: If dealh was due to external causes, fill in the tollowing;  (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Location  Mere did injury occur?  (City or town)  (County)  (State)  Means of injury  Injured et work?  18. Funeral director  Address  Address  Address  Address  M. D. or other	All the Need PIO 6-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Location  Address  City or town)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (State)  Injured at home, tarm, industry, public place (where?)  Means of injury  18. Funeral director  Address  Address  Address  Address  Address  Address  Address  Address  Address  Accidect, suicide, or nomicide  (City or town)  (County)  (County)  (State)  Injured at work?  23. Signature  Address  M. D. or other	83 ward - 0 -11 13 10111	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
Cemetery or crematory Administry Country Where did injury occur? (City or town) (Country) (State)  Location Administry Country Injured at home, tarm, Industry, public place (where?)  18. Funeral director Act Out Injury Injured et work?  Address Purel ville, Up. 23. Signature Land Ville M. D. or other  19. Administry Country M. D. or other	(Buriai, cremation, or removel. Which?)	Accident, suicide, or homicide
Location Jaff W. L.	KI All MANIE MOULE	Where did injury occur?
18. Funeral director Lee a. Cattlessee & Signature  Address Curry ville, up. d.  23. SIGNATURE LANGUAGE Count  M. D. or other	Part Welmait and Church	
18. Funeral director Count Address Purell, and .  23. SIGNATURE LAND CLAR DUM D. C. COUNT M. D. or other  19. Hard 11. 19/446. The France Count M. D. or other	Location	
19 Hear 11 19/44 The France (D) Annual M. D. or other	18. Funeral director was a superior of the sup	
19 Gran 11 19/46 III June 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Cury rell, yell.	23 SIGNATURE CONTO COUNTY COUNTY COUNTY
	19 Maria no de programa 1 1 4 de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO paralle sur hell M. D. or other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

Reg. Dist. No.

County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Helen S. Justy	3. (b) Social Security Number
8. (b) Name of husband or wife	20. DATE OF DEATH  20. DATE OF DEATH  21. I CEPTIFY that death occurred on the date above stated; that I attended deceased from  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.  19. 46.
deceased (mo., day, yr.)  8. AGE: Tears Month Days It less than one day	Immediate cause of death DURATION  1. Construct become the lower purpose of the lower purpose
11. Industry or business  12. Name	Dther conditions
14. Malden name	(Ioclodo pregnancy within 3 months of death)  Major findings of operations.
Address  17	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location	(City or town) (Couoty) (State)  Injured at home, tarm, Industry, public place (where?)  Means of Injury Injured at work?
Address Millioland March 19 Day 15 " 19 46 Divino Bush	23. SIGNATURE Malles H. Lee 3n. D. or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13100

#### CERTIFICATE OF DEATH

00471

Reg. Dist.	No. 9	2

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 22	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution? 2 days	2.(a) ff veteran, name war
3. (a) FULL NAME Martha au I	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Thursday   Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH SP. 19 86 91 8P.
B.(0) Name of husband or wife Joseph W. Lynch	21. I CERTIFY that death occurred on the date above stated; that fattended deceased from
7. Birth date of deceased (mo., day, yr.) and 20 /86/	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day  September 25 3 Indicate the september 25 Indicat	Carlis real baseula
9. Birthplace Smyrua Kent Delawan (Tgwn, county, and state)	Due to.
10. Usual occupation	Due to.
12. Name Benjamin Varmon	Other conditions arteries School
14. Malden name Melvina Brown  15. Birtholace 20 informations	(Include pregnancy within 3 months of death)  Major findings of operations.
\$ 15. Birthplace 200 suformations	Date of op.
Address Elkton no RD /	Autopsy results
Address Collow Date thereof Jace 7 1946  (Burial, eremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Bethel Cecustery	Where did injury occur? (City or town) (County) (State)
Location Pear Chesageage Clip 1706  18. Funeral director 74 Perpine	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
Address Elkton Ind	23. SIGNATURE Herbert Coto 2 20 D.
19 Jun V6 19 46 Il Frazer (Dato rec'd by registrar) (Dato rec'd by registrar)	Address Social WH Date signed 124/46

FIRST TO BURDENESS.

FEB 3 900 BUREAU V.A.

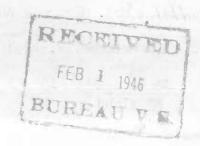
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of <u>death clearly</u> and <u>legibly</u>. MARGIN RESERVED FOR BINDING

VS A15

#### CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (83-6)

,	2 01 221111	Reg. Diat. No	***************************************
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Maryland Court of the Court of th	unknown  Unknown  write RURAL and give ne	
3.(a) FULL NAME MANN, William		3. (b) Social Security Unknown	Number
4. Sex Male S. Color or race S. (a) Single, married, widowed, or divorced Married		ERTIFICATION 30 19 46	.12:30A.
6.(b) Name of hysyayd for/wife Mrs. Gertrude Mann  6.(c) If allve, give age ? years  7. Birth date of deceased (mo., day, yr.) October 17, 1890	21. I CERTIFY that death occurred on the date abor  January 17, 194  and that I last saw im alive on Ja	6 January nuary 30	30 19 46
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Thrombosis, Cerebral		8 hrs.
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Unknown  11. Industry or business  12. Name William Mann  13. Birthplace Glasgow, Scotland	Due to	Cerebral	Unknown
14. Malden name Sarah Davies 15. Birthplace Glasgow, Scotland	(Include pregnancy within 8 m		
16. Informant Records - Veterans Administration  Address Perry Point, Md.	Autopsy results. Cerebral Thron PHYSICIAN: Please underline the cause to wh 22, VIOLENCE: If death was due to external cause	ich death should be charged	statistically.
17. Removal Bate thereof January 30, 1946 (Burial, cremation, or removal, Which?)  Cometery or crematory Ft. Linc oln Cemetery,	Accident, suicide, or homicide	Daie of	(State)
18. Funeral director PENNINGTON & SON Address Havre de Grace, Md.	Injured at home, farm, Industry, public place (whe Maans of Injury ————————————————————————————————————	Injured at work?	1 141
19. Jane - 30 19 46 Presse E. Dargher Rigistrar	234 SIGNALUME TROLLINGER, LT. Address Vets. Admin., Perr		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8350

# CERTIFICATE OF DEATH

-	D	No	90

City or town  How long in ab Hospital, instil	Per (If outsi ove place of a tution, or stra	rvvilled do ety or town lideath?	o vear	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Marvland County Cecil  City or town Perryville (If outside city or town limits, write RURAL and give nearest town)  Street No		
3. (a) FUL					3. (b) Social Security Number		
		nce A.					
4. Sex	5.	Coior or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male		White		Married	20. DATE DE DEATH January 15 18.46, 21.445P.	N	
6.(b) Name of 7. Birth date of deceased (n	t		6,(0	Neff  It allve, give age6.7years  8, 1868	21. I CERTIFY that death occurred on the date glove stated; that I attended deceased from to the date glove stated; the I attended deceased from to the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the I attended deceased from the date glove stated; the date glove stated glove glove stated glove stated glove gl	6	
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death DURATION		
	77	1	7	hrsmin.		m.i	
	upation	ryville (Town. Farmer	county, and s		Due to	*****	
		avid Ne	off		Leveral (It have mate 10 Mg	0.	
12. Name		ancaste			Other conditions Security Courts Mark		
			Isbur	'n	(Include pregnancy within 3 months of death)  Major fiadings of operations		
16. Informant	C	lara E.	Neff		Autopsy results.		
Address				arvland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Bu	rial	removal. Which?)	Date there	Jan.19,1946 (month) (day) (year) emetery	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;      Accident, suicide, or homicide		
Location	Prin	eprio I	urnac	e Maryland	tnjured at home, farm, tndustry, public place (where?)		
18. Funerat d		/ / •	10-	uson & Soll	Means of injury Injured at work?		
Address	0.8	wywel	w,	wee.	23. SIGNATURE. J. T. Magracu.		
19. Data Pa	16	19.5%	hen	Registrat	M. D. or others  M. D. or others  M. D. or others	6	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly industibly MARGIN RESERVED FOR BINDING

The correct age

VS A15

PLEASE

JAN 18 1946 BUREAU V S.

#### CERTIFICATE OF DEATH

				06
4	Reg.	Dist.	No.	96

				II a stavilla bear		Reg. Dist. N	
1. PLACE OF DEA	Cecil 1			2. USUAL RESIDE	NCE (HOME) (	OF DECEASED: No	known
Vet.er	ans Admini	istration	Perry Point,	State	Co	acounty	ldress
City or town(If ou	tside city or town lin	mits, write RURAL	and give nearest town)			ts, write RURAL and g	
How long in above place of Hospital, Institution, or	of death?	leath occurred:					
Veterans .	administra	tion Hos	oital	Street No		re LOCATION)	***************************************
How long in hospital or	Institution?Same	as) Perry	Point, Md.	2.(α) If veteran, name w	var	WY I	
3. (a) FULL NAME		ve)				3. (b) Social Sec	carity Namber
	PAR	RKER Cla	rence S.				
4. Sex	5. Color or racs	6.(a)Single, marr	ied, widowed, or divorced		MEDICAL C	ERTIFICATIO	N
Male	White		Divorded	20. DATE OF DEATH	January 7		1.6 . 7:0
	Un	known		21. I CERTIFY that deat	h occurred on the date a	bovs slated; that I atlend	ed deceased from
6.(b) Name of husband	or wife			***	12 19	42 to dar	unry 7 19
7. Birth date of	·····	6.(c) If al	ve, give ageye	and that I last saw hill	Mailve on	January 7	19/
deceased (mo., day, yr	) JUL	A 150 TO	less than one day	Immediate cause of de	eath		DURA
8. AGE: Years	months 5	0/				on due to	
00		100	hrs		arteriosci	erosis	Over 6 m
9. Birthplace	Boston,	county, and state)		Due to		D + 0 0 0 × × × × × × × 0 0 0 0 0 0 0 0 0	
10. Usual occupation							
11. Industry or business				Due to			***************************************
				Other conditions Psyc	chosis with	cerebral a	rter-
12. Name 13. Birthplace	Unknown			iosclerosis	, with righ	nt Hemiplegi	la Over
# 14. Maiden nama	Unknown						
E 14. maiden nama	Unknown				rations		
	:1.7 7				Not pe	Date of or	
				Antopsy results	anderline the cause to	which death should be o	barged statistically.
	Permy Pol	nistratio	n Hospital			auses, fill in the following	
17. REMOVAL (Burial, cremation,	or removal Which?	Date thereof	anuary 14,194 (month) (day) (year)	Accident, suicide, or he		Date o	
Compley or executation,	y Balti	nore Nati	onal	Where did injury occur		) (County)	
						(where?)	
Location				Mesns of Injury	- 0	injured at wo	
18. Funeral director	Peru	/			- 11	•	
Address Penni	ngton & So	Havre	de Grace, Md.	- 22 01011	5 Dea	ele	un
Δ.	19 46	1	80 1	TROLLIN	GER, Lt. Col.	., M.C. Clir	M. Dest other
10 yazze 1	7 10 36 /-					AND MINDS	

MARGIN RESERVED FOR BINDING

JAN 16 1946
BURLACE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

#### CERTIFICATE OF DEATH

g.	Dist.	No.		4	2	 
e E	n.		,			 _

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For proborn Infants give residence of mother)  Stale
Timor Hapilal.	(If rural, give LOCATION)
How long in hospital or institution? 30dys	2.(a) If veteran, name war
3. (a) FULL NAME Mary M. Lerce	3. (b) Social Security Number
4. Sex 5. Color of race (6.0) Single, married, wildowed, or divorced  Herosale White Dingle	20. DATE OF DEATH JANUARY 15 146 21 4, 450 m
6.(6) Name of busband or wife	21. I CERTIFY that death occurred on the date above slated; that atlanded deceased from
7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years Month's Day's If less than one day  1. Month's Day's If less than one day  1. Month's Month's Day's If less than one day	and that I last saw has alive, oo 1947 DURATION  Immediate cause of death DURATION  DURATION  DURATION  UNDERSTORMED
9. Birthplace Ports Spring Cecil Co. Md., (Town, county, and state)	Due la Arteriosoterosis-general Zinknown
10. Usual occapation.	Due la
11. Industry or business  12. Name Eduen Freed  13. Birthplace Mag	Other conditions
불 14. Malden name.	Major findings of operations.
14. Malden name Work Stank  15. Birthglace Pa  16. Information Pressell Plyvolds	Autoosy results.
Address Conorings Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, compation, or removal, Which?)  Cemetery or orematory.  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Location Dissing Steen Mai	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Programmed Months Mariana Mari	23. SIGNATURE SIETON - NO M. D. br other  Address Bleton - No Date signed on 15-1941

DESCRIPTION OF THE PROPERTY OF THE CASE OF

JAN 22 1946

BUREAU V.S.

V. S. No. 1

# STATE OF MARYI AND—CERTIFICATE OF DEATH

	5	IAIL C	NI MIAIN	ILAND	CERTIFICATE	JI DEAI	11	
1	PLACE OF DEAT	THI.			(1548)		0000	8
	County Elec	1				Registration Di	st. No. 70	
	Village or City	y or topp where	death occurred		Nodeath occurred in a hospital or institutionds. How long in U.S. If of			
2	FULL NAME	Lewis	S. K	Kaades	If U. S. Veteran,	specify WAR		
	(a) Residence: No. ∠	arela	(Usual place	of abode)	St.,Ward.		ve city or town and	State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CE	RTIFICATE	OF DEATH	
3.5	Male 4. color	a OR RACE		RIED, WIDOWED.  Q (write the word)	21. DATE OF DEATH	(Manth)	/ <b>%</b>	, 193 46 (Yeer)
5a.	if merried, widowed, or divor HUSBAND of (or) WIFE of	rced		0	22. I HEREBY			
6. D	ATE OF BIRTH (month, day	, end yeer)	une 14	.1900	Hast saw h. J. M. alive on	19 4 5 , to	71976	.; death is said
7. A	GE Yeers	Months	Deys	if LESS than	to heve occurred on the date stated		m.	
4	5			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	i end related causes	of importence	Oate of onset
OCCUPATION	8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE 9. Industry or business in work was done, as S	PER, etc	Reture	il	1. Ostem	agelitis	7	1926
5	SAW MILL, BANK, e	lc	tain	w	Jen	Line of	7	weeklifi'
8	10. Oate deceased last work this occupetion (mon yaar)	ked at ith and	spar	ma (years) nt in this pation				
12.	BIRTHPLACE (city or town) (State or country),	Ma	ryland	d	Other Contributory Causes of Impor	tence:		
ER	13. NAME GLA	rose 1	Thomas	lea				
FATHER	14. BIRTHPLACE (city or to	wn)	mi		Name of operation		Date of	
	(State or country)		11100		What test confirmed diagnosis?			
IER.	15. MAIOEN NAME	ellan	, ?		23. If deeth was due to externel caus	ses (VIOLENCE) fill I	n also the following	
MOTHER	16. BIRTHPLACE (city or tox (State or country)	wn)	mol		Accident, suicide, or homicide? Where did injury occur?		te of injury	
17.	INFORMANT	ames	Magaz	les ·	Specify whether injury occurred in	industry, in Homi	, or in PUBLIC PL/	ACE.
18.	BURIAL, CREMATION, OR RI	0	Date Jan	1. 21,19/16	Manner of injury			
19.	UNOERTAKER AND (Address)	land of	Illan.	s.	24. Was disease or injury in any wa	y related to occupati	on of deceased?	
20.	FILED GAN 196,1	946	ving (	Beld Registrar.	(Signed) Address)	sto. Li		M. D.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home bousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	THE THE THE THE	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	KKK	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			JAN 22 1946	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

WRITE

PLEASE

VS A15

# The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bel

# CERTIFICATE OF DEATH

00477

		_	-	-	-	
					9	6
Dist.	No					

				Nog. Disc. 110.	**********	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Cecil			••••••	State Laryland county Cecil		
City or town			RURAL and give nearest town)			
How long in above place of death? Life				City or town Port Deposit (If outside city or town limits, write RURAL and give nearest tow	n)	
Rospital, Institution, or	How long in above place of death			Street No.	*********	
				(If rural, give LOCATION)		
How long to hospital or				2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
Joseph	Luke S:	ice				
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	5	Single	20. DATE DE DEATH. January 2 19.46- 21 5	: 24 M	
6.(b) Name of husband of	or wife		***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	بر رو	
				126 V 24 - 1940, 10 8 Cc 34	19. 45	
		1874	c) If alive, give ageyears	and that I last eaw h. A. alive on Security 31	19.4.5	
deceased (mo., day, yr	) Months	Days	It less than one day	Immediate cause of death	URATION	
7]	9	54,5	hrsmin.	A Committee of the	11	
		• •	1	Urrone Myscardetes: 10	upra.	
9. Birthplace	ort Denos	county, and	Cecil Co., Md.	Due to		
1D. Usual occupation	Stangar	atter				
	Anon:			Due to		
11. Industry or businese	ohn Sice	- 0		Phar conditions arterio - Scheroces I		
			***************************************	Other conditions	-/ 0 -	
	Ireland	- 1		(Include pregnancy within 3 months of death)		
里 14. Malden name	Lary Fa	aney		Major findings of operations		
14. Malden name	Ireland	d		Bate of op.		
	s. Mary	Burl	in	Autopsy results		
10.11.01.11.01.11	rt Depo			PHYSICIAN: Please underline the cause to which death should be charged statistica	Ny.	
				22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Buris (Burial, cremation,	or removal, Which?	Date the	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory At. Erin Cemetery				Where did injury occur?		
	re de G		larvland	tnjured at home, farm, industry, public place (where?)		
Location	-1	( Int	Tesas al OU Land	Meens of injury tnjured at work?		
18. Funeral director	xuu.	Just	CUSO TOPPO	1201 , = 0		
Addrees	Perryn	w,	ma.	23. SIGNATURE & YIBMNOW, M. A.		
19. Jan. 3	18 4 6	2	Rogistrar	B + AZGO HAS M. D. or other	1/46	
Date rec'd hy reg	nstrarj		registrar	Address. Date signed	4	



The correct age

CLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BJ

OGARE

#### CERTIFICATE OF DEATH

e. Dist. No. 95

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and Coest
City or town(If outside city or town limits, write RURAL and give nearest town)	"" Rusal
How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James a. Im	1270-09-4146
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Indle Colored Divorced	20. DATE OF DEATH JON 3- 1946 at // P. M.
6.(b) Name of husband or wife martha & mith	21. I CERTIFY that depart occurred on the date above stated; that attended deceased from
	8 Est. 70 10 492 10 Jan 1 19 40
7. Birth date of	and that I last saw h. un alive on the control of t
deceased (mo., day, yr.) 189 7	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chronic Mystordes bys
53  hrs	nin.
9. Birthpiace Richmond Va	Due to
(Town, county, and state)	<u> </u>
10. Usual occupation.	Duo to
11, Industry or business	
12. Name	Other conditions Later Selections Type
I 13. Birthplace unknown	
H 14. Maiden name Unknown	(Include pregnancy within 8 months of death)
14. Maiden name unknown	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Manufacture Transfer Tran	Autopsy results
Address Anowhys. Ind. R. Jt. D.	
17 Bund Date thereof an 6 194	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, csemation, or removal. Which?)  (Burial, csemation, or removal. Which?)  (Burial, csemation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or cremeters MT 4002	Where did injury occur?
Location Cononing C	Injured at home, farm, industry, public place (where?)
16 Telle	Means of Injury Injured at work?
18. Funeral director	of the 1 mg
Address / Sury Sum Mc	23. SIGNATURE O MRUSOW, M. W.
July 14/2mm/office	Dat (Floor t) and M. D. or other



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Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

Registrar | Address

2411 N. Charles St., Baltimore 932 Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Street No .... (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (vear Where did injury occur? ..... (City or town) (County) Injured at home, farm, industry, public place (where?) ...... Means of Injury Injured at work?

1. PLACE OF DEATH: or town limits, write RURAL 4 lass Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 6.(b) Name of husband or wife..... 6.(c) If alive, give age ......years 7. Birth date of deceased (mo., day, xx.) 8. AGE: Years Months If less than one day 10. Usual occupation 11. Industry or busines 13. Birthplace 14. Maiden name 18. Funeral director

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VS A15

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

#### CERTIFICATE OF DEATH

00480

3. (b) Social Security Number

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
I	Street Ho.
ı	(If rursi, give LOCATION)
ĺ	2.(a) If veteran, name war

City or town				JRAL and give nearest town)	3
How long in above Hospital, institut	ion, or stre	eath? Similet address where the substitution	leath occurred:	elilin hal	
How long in hos	pital or insi	litulion? Sauce	ر مر	m 21, 1944	:
3. (a) FULL		rlaca	- >	m Jenn	. 1
4. Sex	X	Color or race	6.(a)Single	, married, widowed, or differed	
6.(b) Name of hu	sband or w	100.	te s	11/alve, give age years	21. 12
7. Birth date of deceased (mo.	, day, yr.)	reh 25.	176e	4	1
8. AGE:	Years	Months	Days	If less than one day	•
	18	10	10	hrs min.	
19. Usoal occup  11. Industry or b  12. Name  13. Birthplat  14. Malden  15. Birthplat	Early ce P2	m la Nuclu	ylvi C	me	0 
16. Informant	1-	nights	Jerja	RU.	F
		use	Date there	(month) (day) (year)	AV
18. Funeral dire	ctor	Pissiff	n se	in food	
19. Aug	by registr	19.40C	?	Th Frazer	1

MEDICAL CERTIFICATION . HOL
20. DATE OF BEATH 19 46, at 9 404
21. I CENTIFF (Hat beath occurred on the date above states, that I attended deceased from
au 21 1844 10 fam 4 1844
and that I last saw h
Immediate cause of death DURATION  Sur Pulmum Vellum It lim
Due to Marche Emmarca Gillag
- J
Due to
Other conditions Like The Conditions of death)
Major fiedings of operations
Autopsy results
22. VIOLENCE: If dealh was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?
include hell -
Address With Gut Will Bate signed on 4 45

